BOSE MCKINNEY & EVANS LLP

CUSTOMER NUMBER 25267

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant:

Reeder et al.

Serial No.:

09/849,580

Filing Date:

May 4, 2001

Title:

PATIENT POINT OF CARE COMPUTER SYSTEM

Group:

2632

Examiner:

LEE, B.

The fee has been calculated as shown below:

Attorney Docket No.:

8266-0519

Mail Stop Amendment

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

Certificate Under 37 C.F.R. 1.8(a)

I hereby certify that this paper or fee is being deposited with

the United States Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

On <u>Octoba</u>

Dated: October 7, 2004

RECEIVED

OCT 1 8 2004

Technology Center 2600

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE	
TOTAL CLAIMS (37 C.F.R. 1.16(c))	101	101	0	\$18	\$0	
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	13	13	0	\$88	\$0	
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL					\$0	
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0	

f the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

X	An Extension of Time for one (1) month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:	\$110.00
	Information Disclosure Statement	
	TOTAL FEE FOR THIS AMENDMENT	\$110.00
X	Extension to be paid from Deposit Account No. 02-3223. A Duplicate copy of this sheet is enclosed.	

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record

Printed Name: Christine E.M. Orich

Registration No.: 44,987

387403 (09/04)

^{**}If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.